

Maryland State Board of Dental Examiners
Spring Grove Hospital Center • Benjamin Rush Building
55 Wade Avenue
Catonsville, Maryland 21228
(410) 402-8511

**APPLICATION FOR LIMITED LICENSE TO PRACTICE DENTISTRY
FOR GRADUATES OF DENTAL SCHOOLS OUTSIDE THE U.S OR CANADA**

SECTION I – GENERAL INFORMATION

Name (Last, First, Middle Initial):	
Address of Record: (Street Address)	
City, State, Zip:	

APPLICATION FEE – MADE PAYABLE TO THE MARYLAND STATE BOARD OF DENTAL EXAMINERS

Limited License: \$300

A. Social Security Number: - -
(There is a statutory requirement that you disclose your social security number. It will be used for identification purposes only.)

B. Date of Birth: - -

C. Home Phone Number: - -

D. Work Phone Number: - -

E. E-Mail Address:

F. Hispanic or Latino Origin
Are you of Hispanic or Latino Origin? { Yes } No

G. Race: (Multiracial individuals may select all applicable racial categories). { American Indian or Alaska Native
{ Asian { Black or African American { Native Hawaiian or other Pacific Islander { White { Other

H. Gender: { Female { Male

I. Licensure in other states:
List other states or jurisdiction in which you hold or have held a dental license. Include license number(s).

State	License Number

SECTION II - EDUCATION

A. School of Graduation (DDS, DMD, or equivalent) (Name, City, State, Country):

B. Date of Graduation: _____ Degree Earned: _____

C. College or University of Formal General Clinical Training (U.S. or Canada):

D. Dates Attended: _____

SECTION III - CHARACTER AND FITNESS

If you answer "YES" to any question(s) in Section III – Character and Fitness, attach a separate page with a complete explanation of each occasion. Each attachment must have your name in print, signature, and date.

YES NO

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | a. Has any licensing or disciplinary board of any jurisdiction, including Maryland, or any federal or state entity denied your application for licensure, reinstatement or renewal, or taken any action against your license, including but not limited to reprimand, suspension, revocation, a fine, or non judicial punishment, for an act that would be grounds for disciplinary action? |
| <input type="checkbox"/> | <input type="checkbox"/> | b. Have any investigations or charges been brought against you or are any currently pending in any jurisdiction, including Maryland, by any licensing or disciplinary board or any federal or state entity? |
| <input type="checkbox"/> | <input type="checkbox"/> | c. Has your application for a dentist or dental hygiene license been withdrawn for reasons that would be grounds for disciplinary action? |
| <input type="checkbox"/> | <input type="checkbox"/> | d. Has an investigation or charge been brought against you by a hospital, related institution, or alternative health care system that would be grounds for action? |
| <input type="checkbox"/> | <input type="checkbox"/> | e. Have you had any denial of application for privileges, failure to renew your privileges or limitation, restriction, suspension, revocation or loss in privileges in a hospital, related health care facility, or alternative health care system that would be grounds for disciplinary action? |
| <input type="checkbox"/> | <input type="checkbox"/> | f. Have you pled guilty, nolo contendere, had a conviction or receipt of probation before judgment or other diversionary disposition of any criminal act, excluding minor traffic violations? |
| <input type="checkbox"/> | <input type="checkbox"/> | g. Have you pled guilty, nolo contendere, had a conviction, or receipt of probation before judgment or other diversionary disposition for an alcohol or controlled dangerous substance offense, including but not limited to driving while under the influence of alcohol or controlled dangerous substances? |
| <input type="checkbox"/> | <input type="checkbox"/> | h. Are there any criminal charges against you in any court of law, excluding minor traffic violations? |
| <input type="checkbox"/> | <input type="checkbox"/> | i. Do you have a physical or mental condition that currently impairs your ability to practice dentistry? |
| <input type="checkbox"/> | <input type="checkbox"/> | j. Has the use of drugs and/or alcohol resulted in an impairment of your ability to practice your profession? |
| <input type="checkbox"/> | <input type="checkbox"/> | k. Do you illegally use drugs? |
| <input type="checkbox"/> | <input type="checkbox"/> | l. Have you surrendered or allowed your license to lapse while under investigation by any licensing or disciplinary board of any jurisdiction, including Maryland, or any federal or state entity? |
| <input type="checkbox"/> | <input type="checkbox"/> | m. Have you been named as a defendant in a filing or settlement of a malpractice action? |
| <input type="checkbox"/> | <input type="checkbox"/> | n. Has your employment been affected or have you voluntarily resigned from any employment, in any setting, or have you been terminated or suspended, from any hospital, related health care or other institution, or any federal or state entity for any disciplinary reasons or while under investigation for disciplinary reasons? |

Incomplete applications will be returned and will be subject to a \$50.00 application reprocessing fee.

SECTION IV – FACILITY

A. Location where applicant will practice: (name and address)

Notice For Mailing List:

The information collected on this application form is collected for the purposes of the Board's functions under the Annotated Code of MD, Health Occupations Article, Title 4. Failure to provide the information may result in denial of your application. You have a right to inspect, amend, and request correction of this information. The Board may permit inspection of this information or make it available to others only as permitted by federal and State law. Under the Maryland Public Information Act, the Annotated Code of MD, State Government Article, §10-617, the Board may provide, for a fee, a list of licensees' names and addresses to professional associations and other entities. You may request in writing that your name be omitted from such lists.

Applicant Signature

I hereby affirm that I have read and followed the above instructions. I hereby certify that all information in this application is accurate and correct.

Applicant Signature

Date**NOTARY SECTION**

State of _____, County of _____, Then personally appeared the above named _____, and signed and sworn to the truth of the foregoing statements in my presence.

Notary Public: _____ My Commission Expires: _____

SEAL

MARYLAND STATE BOARD OF DENTAL EXAMINERS

Application for Limited License to Practice Dentistry for Graduates of Schools Outside the U.S. or Canada

CHECK LIST

Please review prior to sending your application package to the Board.

Incomplete applications will be returned and will be subject to a \$50.00 application reprocessing fee.

ALL CANDIDATES

- ☐ 1. Is your application completed front and back?
 - ☐ Did you sign and have the application notarized?
- ☐ 2. Have you enclosed a written request from the hospital, sanitarium, or dental school to which the license to practice dentistry is to be limited?
- ☐ 3. Have you enclosed a \$300 non-refundable fee made payable to the Maryland State Board of Dental Examiners?
- ☐ 4. Have you enclosed a photograph, not to exceed 3 x 3 inches, with the following notarized statement: "The picture is a true photograph of me"?
- ☐ 5. Have you enclosed evidence satisfactory to the Board that you have completed at least 2 years of formal general clinical training in a United States or Canadian accredited institution?
- ☐ 6. Have you enclosed a copy of the degree or diploma, including an English translation (if applicable), issued to the applicant by the foreign dental school conferring it, properly authenticated by an official of that dental school authorized to make the authentication?
- ☐ 7. Have you enclosed a copy, including an English translation (if applicable), of the subjects taken and the credits earned at the foreign dental school, properly authenticated by an official of that foreign dental school authorized to make the authentication?
- ☐ 8. Have you enclosed a certified letter with the state seal affixed from each state in which you hold or have ever held a license verifying that the license is or was in good standing?
- ☐ 9. Have you enclosed two letters of recommendation that certify to the Board the good moral character as well as the applicant's age, qualifications, background, and experience, if any?
- ☐ 10. Have you enclosed a letter from the hospital, sanitarium, or dental school which the license to practice dentistry is to be limited that indicates that you possess sufficient comprehension and communication skills in written and spoken English to enable you to adequately treat dental patients?
- ☐ 11. If applicable, have you enclosed evidence of legal name change, such as a marriage certificate or court documents?

**MARYLAND STATE BOARD OF DENTAL EXAMINERS
GUIDELINES FOR LIMITED LICENSE TO PRACTICE DENTISTRY
FOR GRADUATES OF DENTAL SCHOOLS
OUTSIDE THE UNITED STATES OR CANADA**

The Board may not process a licensure application until each provision or requirement is met and each document is received. Please ensure that your application is complete before submitting it to our office.

The applicant shall:

- a. Be of good moral character;
- b. Be at least 21 years old;
- c. Have completed at least 2 years of formal general clinical training in a college or university that is authorized by any state or any province of Canada to grant the Degree of Doctor of Dental Surgery, Doctor of Dental Medicine, or the equivalent, and is recognized by the Board.

To apply for licensure, submit the Application for a Limited License to Practice Dentistry and enclose the following with your application:

- *A written request from the hospital, sanitarium, or dental school to which the license to practice dentistry is to be limited.*
- *A \$300 non-refundable fee.*
- *A photograph, not to exceed 3 x 3 inches, with the following notarized statement: "The picture is a true photograph of me."*
- *Evidence satisfactory to the Board that the applicant has completed at least 2 years of formal general clinical training in a United States or Canadian accredited institution. Acceptable proof includes a certified **copy** of a diploma, a letter from the school, or official transcripts. Please do not submit your original copy. **The document must contain the raised, embossed school seal certifying its authenticity. However, letters from educational institutions on original letterhead, bearing an original signature do not require a raised, embossed school seal.***
- *Proof of foreign dental education. A copy of the degree or diploma issued to the applicant by the foreign dental school conferring it, properly authenticated by an official of that dental school authorized to make the authentication. If the degree or diploma is in a language other than English, each document must be accompanied by an English translation, certified by an individual acceptable to the Board. Please contact the Board at 410-402-8511 to discuss the translator's credentials.*
- *Proof of courses taken. A copy of the subjects taken and the credits earned at the foreign dental school, properly authenticated by an official of that foreign dental school authorized to make the authentication. If the transcript is in a language other than English, each document must be accompanied by an English translation, certified by an individual acceptable to the Board. Please contact the Board at 410-402-8511 to discuss the translator's credentials.*
- *License. If applicable, a copy of a license to practice dentistry issued by the foreign country or proper subdivision of the country in which you have graduated, properly authenticated by the issuing authority.*
- *A certified letter with the state seal affixed from each state in which the applicant holds or has held a license verifying that the license is or was in good standing.*
- *Two letters of recommendation that certify to the Board the good moral character as well as the applicant's age, qualifications, background, and experience, if any.*

- *A letter from the hospital, sanitarium, or dental school which the license to practice dentistry is to be limited indicating that the applicant possesses sufficient comprehension and communication skills in written and spoken English to enable the applicant to adequately treat dental patients.*
- If applicable, *evidence of legal name change*, such as a marriage certificate or court documents.

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PLEASE MAIL APPLICATION AND SUPPORTING DOCUMENTS TO:

Maryland State Board of Dental Examiners
The Benjamin Rush Building
Spring Grove Hospital Center
55 Wade Avenue
Catonsville, MD 21228
ATTN: Licensing Unit

Revised 3/8/11